MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11322

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown RURAL #3 — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Neck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same as death
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) OLIVER (Last) CAMPBELL

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): W

8. DATE OF BIRTH: Mo(?) 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm hand

11. BIRTHPLACE (State or foreign country): Still Pond, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Campbell

14. MOTHER'S MAIDEN NAME: Mary Ellen Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alethia Hanson, Sudlersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized

(c) Arteriosclerotic Cardiovascular Disease

4/22.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Nov. 3, 1950, that I last saw the deceased alive on Oct. 25, 1950; and that death occurred at 4P. m., from the causes and on the date stated above.

SIGNATURE: Albert E. Ensor, MD (Degree or title) — ADDRESS: Chestertown — DATE SIGNED: 11/3/50

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Nov. 7, 1950 — NAME OF CEMETERY OR CREMATORY: I.U. Churchyard — LOCATION (City, town, or county) (State): Worton, Md.

DATE REC'D BY LOCAL REG.: Nov. 5-1950 — REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: B.R. Fellows — ADDRESS: Still Pond, Md.

VS. A15

866 VV

RECEIVED
NOV 7 1950
BUREAU V. S.

11323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WORTON RURAL — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WORTON RURAL
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSHWA (Middle) W. (Last) DAVIS
4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: APR. 29, 1878
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER OWNER
10b. KIND OF BUSINESS OR INDUSTRY: SMALL FARM.
11. BIRTHPLACE (State or foreign country): KENT Co. Md
12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME: BENJAMIN F. DAVIS
14. MOTHER'S MAIDEN NAME: RACHAEL MEEKINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS. BLANCHE DAVIS - WORTON R.F.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found on State Road dead Right arm fractured

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) two 3 placed, All Anterior Ribs Crashed

(c) Possible rupture of liver and spleen.

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170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State Road — (CITY OR TOWN): near Worton — (COUNTY): Kent — (STATE): Md
TIME OF INJURY (Month) Nov. (Day) 7 (Year) 1950 (Hour) 5:30 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Hit and Run Driver

22. I hereby certify that I attended the deceased from ~~[illegible]~~, ~~19~~ ~~to~~ ~~medical~~, 19 ~~[illegible]~~, ~~that~~ I last saw the deceased ~~alive~~ dead on Nov. 7, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank W. Smith. Deputy Medical Director. Chestertown R.R. Md Nov 7/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 11/9/1950 — NAME OF CEMETERY OR CREMATORY: CHESTER CEM. — LOCATION (City, town, or county): CHESTERTOWN — (State): Md

DATE REC'D BY LOCAL REG.: Nov. 8-1950 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: CHESTERTOWN, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 10 1950
BUREAU V. S

Evidence for addition of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11324

FILM No. G 12, NOV 16 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent — MARYLAND	**2. USUAL RESIDENCE (HOME) OF DECEASED** STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Worton — LENGTH OF STAY (in this place): 22 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Worton Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First) BESSIE	(Middle)	(Last) GRAVES	**4. DATE OF DEATH**	(Month) Nov.	(Day) 7	(Year) 1950		
5. SEX Female	**6. COLOR OR RACE** Colored	**7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~,** (Specify) married	**8. DATE OF BIRTH** Approx Unknown	**9. AGE** last birthday Unknown 65 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	**10b. KIND OF BUSINESS OR INDUSTRY** Home	**11. BIRTHPLACE** (State or foreign country) Maryland	**12. CITIZEN OF WHAT COUNTRY?** U.S.A.						
13. FATHER'S NAME Arthur Rasin			**14. MOTHER'S MAIDEN NAME** Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	**16. SOCIAL SECURITY NO.** none	**17. INFORMANT AND ADDRESS** Charles Graves R.F.D. Worton, Md.						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.1 **Immediate cause** (a) Thrombosis of Carotid Artery.

124.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eczema

19a. DATE OF OPERATION	**19b. MAJOR FINDINGS OF OPERATION**	**20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 1st, 1950, to Nov 7, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M. D.	Still Pond	11/9/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial	DATE THEREOF Nov. 11, 1950	NAME OF CEMETERY OR CREMATORY Mt. Zion	LOCATION (City, town, or county) Still Pond,	(State) Md.
DATE REC'D BY LOCAL REG. Nov. 10-1950	REGISTRAR'S SIGNATURE Clara L. Barnes.	**24. FUNERAL DIRECTOR** B.R. Fellows	ADDRESS Still Pond, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 11 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11325

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edesville — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Georgetown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall RR	STREET ADDRESS (If rural, give location): Rock Hall Md

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle)	(Last) Henry	4. DATE OF DEATH	(Month) Nov. (Day) 3 (Year) 1950
5. SEX: Mall	6. COLOR OR RACE: Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept 2 1890	9. AGE last birthday: 60 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lola Foods	10b. KIND OF BUSINESS OR INDUSTRY: Canning	11. BIRTHPLACE (State or foreign country): Kent Co Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Louis Henry	14. MOTHER'S MAIDEN NAME: Laura Phillips				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 218-01-3954	17. INFORMANT AND ADDRESS: Julia Henry			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found dead in road said to have Heart disease.

434.3 Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Physician last attended here not to be contacted.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank C. O'Smith	Deputy Medical Examiner	Kent Co	Nov. 4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: Nov 5, 1950	NAME OF CEMETERY OR CREMATORY: Georgetown	LOCATION (City, town, or county) (State): Chestertown R R Md
DATE REC'D BY LOCAL REG.: Nov. 5/50	REGISTRAR'S SIGNATURE: Silwood Burgess	24. FUNERAL DIRECTOR: Asbury Henry	ADDRESS: Chestertown Md

496 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1950
BUREAU V. S.

11326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 206

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.R. Md
STREET ADDRESS (If rural, give location) J. William Fowlson

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Howard
4. DATE OF DEATH (Month) November (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH November 4-1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY Home keeper
11. BIRTHPLACE (State or foreign country) Chestertown Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Asbury Howard
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Kent - Lambert - Chestertown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 years

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Nov. 26, 1950, that I last saw the deceased alive on Nov 26, 1950, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE Nov. (Degree or title) Frank W. Smith ADDRESS Chestertown Md DATE SIGNED Nov. 30/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 12-1-50
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) (State) Chestertown

DATE REC'D BY LOCAL REG. Nov 30, 1950
REGISTRAR'S SIGNATURE F. W. Smith
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 4 1950
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11327

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 220 Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural give location): 220 Lynchburg St.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1950

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Mar. 25, 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: food canner

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Butler

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geneva Richardson 208 court St Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) chron Endo-Myocarditis, decompensated

443 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

92d (b) Hypertension, Paralysis of the arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1950, to 11/10, 1950, that I last saw the deceased alive on 11/9, 1950, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert G. Burgard M.D. Rockhall Md 11/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Nov. 13, 1950

NAME OF CEMETERY OR CREMATORY: Butlertown Cem.

LOCATION (City, town, or county) (State): Kent Co. Maryland

DATE REC'D BY LOCAL REG.: NOV 13-1950

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Worton; LENGTH OF STAY (in this place) 41 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Worton; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) JONES

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: July 11, 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Mary Toney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Greta Comegys 1032 Penn St, Camden N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) chron Endo-Myocarditis, decompensated

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Arterio-sclerosis

92.2 (c) Prostatism

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/18, 1950, to Nov 3, 1950, that I last saw the deceased alive on 11/1, 1950, and that death occurred at 8.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hebert G. Burgard M.D. Rock Hall, Md 11/5/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial

DATE THEREOF: Nov. 8, 1950

NAME OF CEMETERY OR CREMATORY: Colemans Cemetery

LOCATION (City, town, or county) (State): Worton, rural. Md.

DATE REC'D BY LOCAL REG. 11/8/50

REGISTRAR'S SIGNATURE: E Leonard Jones

24. FUNERAL DIRECTOR: B.R. Fellows ADDRESS: Still Pond, Md.

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NOV 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11329

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) G.; (Last) Lepko

4. DATE OF DEATH: (Month) Nov; (Day) 16; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 8-10-1886

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben J Lepko

14. MOTHER'S MAIDEN NAME: Minnie Pricket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-16-7709

17. INFORMANT AND ADDRESS: Geo. A. Lepko. 730 Brenda Rd Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Found dead in fishermans shack — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Double or Right Femur Leg. Nov. 14 50. Hg none

(c) Probably Right side Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dead about 18 hrs when found.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14 50, to Nov 16 50, that I last saw the deceased alive on Nov 14 50, and that death occurred at Nov 16 4 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank O Smith Deputy Medical Examiner Kent Co 11/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov 21/50 | NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery | LOCATION (City, town, or county): Carroll Co. | (State): Md.

DATE REC'D BY LOCAL REG. 11/18/50 | REGISTRAR'S SIGNATURE: S. Elwood Burgess | 24. FUNERAL DIRECTOR: F.G. Shaw | ADDRESS: Westminster Md

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RECEIVED
NOV 24 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

11330

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent County Kent + Queene Anne's Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md. | LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queene Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington RFD #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) A (Last) Taylor

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 9, 1897

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Taylor

14. MOTHER'S MAIDEN NAME: Anna Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William Meeks, Still Pond, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Infarction	20 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebothrombosis	2 Days
	(c) Coronary + thrombosis	3 weeks

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1950, to 11/24, 1950, that I last saw the deceased alive on 11/24, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Enson, M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: 11/24/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Smyrna, Delaware

DATE REC'D BY LOCAL REG.: Nov. 24-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: L. Wells Farien ADDRESS: 29 E. Main St. Smyrna, Del.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11331

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 15 Minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton R.D.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) BEATRICE (Last) LEHMAN WALBERT

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec. 17, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Harvey Lehman

14. MOTHER'S MAIDEN NAME: Miss Susie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Wilbert Walbert, Betterton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 hour

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic Heart Disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1950, to 11/25, 1950, that I last saw the deceased alive on 11/20, 1950, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert E. Eusor M.D. ADDRESS: Chestertown DATE SIGNED: 11/26/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial; DATE THEREOF: Nov. 30, 1950; NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery; LOCATION (City, town, or county) (State): Rock Hall Md.

DATE REC'D BY LOCAL REG.: Nov. 28-1950; REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B. R. Fellows; ADDRESS: Still Pond Md.

NOV 30 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

11332

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural-Chestertown; LENGTH OF STAY (in this place): 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quaker Neck(Comegys Bight)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural- Chestertown; STREET ADDRESS (If rural, give location): Quaker Neck(Comegys Bight)

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Bushnell (Last) Watson

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-4-87

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consulting engineer

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Bradford, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert Lorenzo Watson

14. MOTHER'S MAIDEN NAME: Charlotte Beecher Bushnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. C.B.Watson, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary artery occlusion	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	2 years
	(c)	

420.1 9.1a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946 to November, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: Nov. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Nov 4, 1950; NAME OF CEMETERY OR CREMATORY: St Paul Cem.; LOCATION (City, town, or county) (State): near Chestertown, Md.

DATE REC'D BY LOCAL REG.: Nov. 3-1950; REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J Willis Wells - Chestertown, Md. ADDRESS

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NOV. 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11333

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown | LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + Queen Anne Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pondtown
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) MAY (Last) WRIGHT
4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: JUNE 2-1908
9. AGE last birthday: 42 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer Factory
10b. KIND OF BUSINESS OR INDUSTRY: Pickle Plant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F Goldsborough
14. MOTHER'S MAIDEN NAME: Ida Harkless
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 219-07-6677
17. INFORMANT AND ADDRESS: Wilbur Wright - Millington 3rd R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL COMA	immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetic Acidosis	72 hrs.
	(c) Diabetes MELLitus ?	2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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61

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 16, 1950, to Nov. 17, 1950, that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John R. Weimer	M.D.	Chestertown, Md.	Nov. 17, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 20	Pondtown	Pondtown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 20-1950	Clara L. Barnes.	Edgar L. Lane	Church Hill

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NOV 24 1950
BUREAU OF